hypoglycemia were 60, 189 and 695 per event separately. CONCLUSIONS: Hypoglycemia is common acute side effect in treatment of T2DM patients, which associated with considerable health and economic burden to patients and their family.

PDB62 TYPE 2 DIABETES IN RUSSIA: PREVALENCE, RISK FACTORS, AND BURDEN

Dibenaventura MD1, Konsevaya A2, Isheword G3
1Kantar Health, New York, NY, USA, 2State Research Center for Preventive Medicine, Moscow, Central, Federal, Russia, 3Kantar Health, Epcom, Surrey, UK

OBJECTIVES: Although the prevalence of type 2 diabetes (T2D) is dramatically increasing worldwide, data on the prevalence, prevalence of those at risk, and the burden of these patients in Russia is lacking. METHODS: The data source for the current study was the Russia National Health and Wellness Survey (NHWS), a cross-sectional patient-reported health survey of adults in Russia (N=10,039). Respondents who reported a diagnosis of T2D were compared with non-T2D controls on health status (measured using the SF-12v2), work productivity (measured using the WPAI), and number of health care resource use events using regression modeling controlling for sociodemographic and health history variables. Among respondents without a diagnosis of T2D, the prevalence and burden of key risk factors were reported. RESULTS: A total of 288 respondents in Russia reported a diagnosis of T2D (weighted prevalence: 2.77%). Among those not reporting a diagnosis, several risk factors were highly prevalent: 49.6% were overweight/obese, 17.5% had a family history of T2D, 34.5% currently smoked, 46.7% do not regularly exercise, and 20.2% have hypertension. Patients with T2D were older (57.9 vs. 44.3), had a lower annual income (15.1% vs. 11.2% had >12,000 RUB), were more likely to be obese (44.8% vs. 16.5%), and had a greater comorbidity burden (1.9 vs. 0.4) (all p<0.05). Adjusting for group differences, patients with T2D reported significantly worse physical health status (physical component summary scores: 43.46 vs. 46.25, p<0.01), had a greater number of primary care visits (1.6 vs. 1.0, p<0.01), and were more likely to be on antidepressants (33.7% vs. 23.1%, p<0.01) and blood pressure medication (17.5% vs. 10.8%, p<0.01). This pattern was consistent for the AcroQoL physical and psychological subscales. For both treatments and also the loss of work productivity in T2DM. In this presentation, data on work productivity are reported. METHODS: Forty-centres were selected from the list of centres which adult patients were followed. These centres were representative of the country, since they were selected by two-stage cluster sampling. Data on work productivity were collected via “Work Productivity and Activity Impairment Questionnaire: General Health V2.0 (WPAI-GH).” RESULTS: A total of 657 patients (157 in Russia) included in the analysis. The percentage of patients, who had a job, at the time of the study conducted, was 14.0%. This figure was lower in patients with ophthalmic complications (8.7% vs. 15.9%; p=0.020) and with cardiovascular complications (4.1% vs. 15.7%; p=0.002). Mean scores of absenteeism, presenteeism and overall work productivity loss were 23.5±3.67, 15.2±18.85, and 38.6±37.8%, respectively. Overall impairment score of daily activities was 31.3±29.2%. Patients with metabolic complications and cardiovascular complications had reported more impairment (for metabolic complications 32.4% vs. 19.4%; p=0.11, for ophthalmic complications 21.1% vs. 14.1%; p=0.05). Over-all impairment score of daily activities was 31.3±29.2%. Patients with metabolic complications and cardiovascular complications had reported more impairment (for metabolic complications 43.1% vs. 26.3%; p<0.001; and for cardiovascular complications 37.7% vs. 30.2%, p<0.035).

CONCLUSIONS: DM is a disease that significantly impairs the opportunity to have a job, and also impacts the work productivity and daily activities of patients. This impairment is correlated with the presence of systemic complications. Thus, prevention or effective treatment of complications in DM is crucial to improve the social and economic consequences of the disease.